

CLAIMS ONLY

Application Number
09/1766568

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	w	w				
6	w	w				
7	w	w				
8	w	w				
9		1				
10		1				
11	1					
12	w	w				
13	w	w				
14	w	w				
15	w	w				
16		1				
17	1					
18	w					
19	w					
20	w					
21	w					
22		1				
23	1					
24		1				
25		1				
26		1				
27		1				
28	w	w				
29	w	w				
30	w	w				
31	w	w				
32		1				
33		1				
34	1					
35		1				
36		1				
37	w	w				
38		1				
39	w	w				
40	w	w				
41	w	w				
42		1				
43		1				
44	1					
45		1				
46	w	w				
47		1				
48	w	w				
49	w	w				
50	w	w				
Total Indep	6					
Total Depend	20					
Total Claims	26					

	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
53						
54						
55						
56						
57						
58						
59						
60						
61						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend	22					
Total Claims	22					

+ 2
26
28